

EMPLOYEE CONTRACT GRIEVANCE

STD. 630 (REV. 10-95) FMC

BARGAINING UNIT NAME

BARGAINING UNIT NUMBER *(Circle one)*

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

***Please refer to your bargaining unit's contract for specific information
regarding employee grievance procedures and time frame requirements.***

GRIEVANT'S NAME

HOME TELEPHONE NUMBER

()

HOME ADDRESS *(Number and street)**(City)**(State)**(Zip Code)*

DEPARTMENT

DIVISION OR FACILITY

SECTION, BRANCH, UNIT, ETC.

POSITION CLASSIFICATION

NORMAL WORKING HOURS

WORK TELEPHONE NUMBER

()

REPRESENTATION INFORMATION *(Complete if applicable)*

REPRESENTATIVE'S NAME

ORGANIZATION OR AFFILIATION

TELEPHONE NUMBER

()

GRIEVANCE INFORMATION

DATE OF ACTION CAUSING GRIEVANCE

DATE OF INFORMAL DISCUSSION WITH IMMEDIATE SUPERVISOR

DATE OF INFORMAL RESPONSE

GRIEVANCE DESCRIPTION *(Clear, concise statement . Attach additional sheets if necessary.)*

SPECIFIC ARTICLE(S) AND SECTION(S) OF CONTRACT ALLEGEDLY VIOLATED

SPECIFIC REMEDY SOUGHT

GRIEVANT'S SIGNATURE

DATE FILED

***(For grievance level reviews I through IV, continue on reverse.)***

GRIEVANCE REVIEW--LEVEL I	
---------------------------	--

LEVEL I DECISION

GRIEVANCE REVIEW--LEVEL II

GRIEVANCE REVIEW--LEVEL III--DEPARTMENT DIRECTOR OR DESIGNEE	
--	--

GRIEVANCE REVIEW--LEVEL IV--DEPARTMENT OF PERSONNEL ADMINISTRATION
